Child and Family Services Update August 2, 2004

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Director's Message

Have A Meaningful Career In Child Welfare

By Richard Anderson, Director of Child and Family Services

Regretfully, I was not able to fulfill my assignments for this year's Child Welfare Institute due to the death of my father a day or two before. I have been told by many of our people of the great job that Patti did in taking my place on Monday during the awards program. I would like to thank all those who helped make this such a success. I also missed the opportunity of providing a workshop on how to make a career of child welfare, which had been requested of me, and I greatly wanted to do. Since this did not happen, I decided to put into writing a few brief notes. I think the intent of those who asked me was to gain something from the years that I have spent in this profession. I hope this might be of use.

Here are 14 thoughts that I think could help make a good career of child welfare:

- > Love children, remembering they're not ours. Try to view their world through their eyes.
- ➤ Value everyone--trusting those who are trustworthy.
- Never lose curiosity, intrigue, and wonder about life and people.
- Never surrender your compassion.
- > Listen carefully--always seeking to understand.
- Don't worry about getting credit.
- > Study, study, study! Read professional works (even on our own time).
- ► Have an outward focus--support people up, down, and sideways.
- > Support agency initiatives--decide to just get on board! (There might be a good reason!)
- > Cherish family and friends; create healing times with them for you.
- ➤ Commit to help big people help little people to become good big people, who then, someday, will be able to help little people too!
- Nurture your personal and private spirituality.
- Work to create teamwork.
- Be kindly honest.
- Always remember, the division's mission is the safety of children first.

I hope I might be asked to do a workshop on this at another time. Maybe then I can fill in a little between the lines.

Protection

Child Safety: A More Direct Path

By Richard Anderson, Director of Child and Family Services

For many years, I have had ongoing professional discussions with Tom Morton, CEO of the Child Welfare Institute in Georgia. For quite a long time, his Institute has had the Children's Bureau contract for the National Resource Center on Child Maltreatment. Some time ago I was in a meeting with Tom where he presented his ideas about the opportunities for improved protection of children by addressing certain issues. Here is his list of 11 vulnerabilities in services for the protection of children.

Common Fidelity Issues in Safety Practice Thomas Morton Child Welfare Institute

1. **Confusing safety and risk.** The caseworker, after assessing a child as unsafe, proceeds to only focus on risk factors in the service plan. This is especially true in jurisdictions in which family assessment factors are not clearly linked to safety factors.

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- 2. **Allegation focused safety assessment.** The caseworker looks only for signs of present danger associated with the allegation. For example, the allegation involves inadequate supervision. The caseworker does not screen for violence within the family because the allegation did not involve physical abuse.
- 3. **Assuming that a sign of present danger means a child is unsafe.** A caretaker may have a substance use issue or be mentally ill, but this may not mean the child is unsafe.
- 4. **Viewing the maltreatment as the threat.** For example, a safety plan notes that the threat is "the father beats the child leaving bruises." This maltreatment is the consequence of an active threat within a family.
- 5. **Inadequate evaluation of protective capacities.** Many states use the term "mitigating circumstances" without adequately defining what this means. This can lead staff to see caregiver contrition as a mitigating circumstance.
- 6. **Basing safety decisions on the first contact with the child and family.** This is very closely related to allegation based safety assessment. While the investigator must make a judgment about safety before leaving the child and caregiver, the final judgment should reflect the full range of information gathered from the family and all collaterals.
- 7. **Failure to separately evaluate the safety of each child in the home.** Approximately one-third of children removed from their homes are not victims of maltreatment. While many if not most all of these children may be unsafe, instances exist where all the children were taken into custody when some might have remained safely at home.
- 8. **Accepting a caregiver's "promise" not to do it again as a safety plan.** This occurs most frequently where caseworkers are not adequately trained in how to construct inhome safety plans. If a child is unsafe, some aspect of a maltreating caregiver's behavior is out of control rendering such promises worthless.
- 9. **Using change services as the safety plan.** Change services do not immediately control a threat or supplement needed protective capacities.
- 10. **Closing a case with a safety plan.** If a child is in immediate danger without an agency intervention (unsafe), then it seems contradictory to suggest that a case can be closed with a safety plan. If the family's protective capacities are adequate to assure the child's safety, then no safety plan is needed.
- 11. Supervisors routinely approve safety assessments and plans that contain one ore more of the above concerns. This may be one of the more disturbing findings and indicate that misunderstanding of safety fundamentals is more pervasive in agencies than realized. It is a good reason to have a quality assurance system that not only looks at casework practice, but also at supervisory and mid-management practices.

Development

Using Books To Explore Issues With Kids

By Midge Delavan, Training Coordinator

Making visits with children and families meaningful is a challenge that has gained attention through the federal Child and Family Services Review that was conducted in Utah a year ago and in the Performance Improvement Plan that is now being approved for Utah.

This challenge is closely tied to engaging and assessing with children, foster parents, and children's parents. A tool that can engage children is the story. Lots of children like to be read to or show how they can read. When the story is about someone with a similar experience to his or hers, the reading can also become an opportunity for talking. When children talk to their caseworker or foster parent about their experiences, assessment and meaningful intervention are occurring.

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A good find at the Child Welfare Institute bookstore was the children's paperback, <u>Finding the Right Spot: When Kids Can't Live with their Parents</u>. A little girl tells about her life with Aunt Dane and her hopes and disappointments, waiting for her mom. So far, no one has read it without being touched by the sense of loss and loyalty shared by this girl, her mom, Aunt Dane, and Jake the dog, who also had problems in his family.

There are "Notes to Caregivers" included with the story that provide insightful ideas on the child's experience and what the caregiver can offer. This would be a good book to share with foster parents, too.

Other books in the series are:

- All About Adoption: How Families Are Made and How Kids Feel About It,
- Maybe Days: A Book for Children in Foster Care,
- This is How We Became a Family: An Adoption Story, and
- > Zachary's New Home: A Story for Foster and Adopted Children.

You can check out these books at <u>www.maginationpress.com</u>. If you need support or help ordering books, please contact the training team at the state office.

Promoting The Mental Health Of Children In Care

By Midge Delavan, Training Coordinator

A task force for promoting preferred practice for children in care is working on five areas: education, screening, assessment, treatment, and forensics. The web site that will support the educational goal for the task force is in the process of developing resources for questions, information, web links, research articles, books, videos, and training programs that address the mental health needs of children in care. The web site will address the needs of special audiences: health care professionals, mental health professionals, child welfare professionals, parents, foster parents, children, youth, educators, day care professionals, and others.

You are most welcome to submit ideas for the web site. Contact Carol Miller at Child and Family Services state office to add to the site by suggesting topics, web sites, books, commercial and educational videos, important issues, and questions from your point of view as a participant in child welfare.

A Family's Guide To The Child Welfare System

By Midge Delavan, Training Coordinator

There is a very useful document available from the Child Welfare League of American (CWLA) entitled, "A Family's Guide to the Child Welfare System" that can be found on their website at http://www.cwla.org/childwelfare/familyguide.htm. This guide is intended to be a tool for workers to use when a family first becomes involved with the child welfare system. It has been designed to be a compliment to what states already have. This guide is a result of work between Georgetown Child Development Center, AIR, Federation of Families for Children's Mental Health, and the Child Welfare League of America.

Permanency

They Really Gotta Wanna--Assessing and Building Youth Resiliency in Their Transition to Adult Living

By LeRoy Franke

Many of the following concepts are borrowed from "First Things First," an audio and workbook program from Steven R. Covey, A. Roger Merrill and Rebecca R. Merrill, 1997, Franklin Covey Co.

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One of the major issues facing those attempting to assist youth exiting foster care into adult living is that in spite of all our efforts to build a support network, the youth must first envision for themselves that successful transition, then be willing to take the steps that will achieve it. Because this fact is not being well addressed by many child welfare systems and transitioning youth are still often being mass processed through our IL classes, etc., there continues to be a high dropout rate of youth from our transitional living programs. This is due to a number of factors, including some of the following:

- > These youth (as most teens) are at the developmental stage Erickson labeled as "Identity Crisis" where their cognitive processes are often not as developed in life planning including the ability to establish and following through on long-term goals. For a number of us that more serious life planning came a little later in our lives, not during our teen years.
- These youth have suffered multiple losses and pain in intimate relationships limiting their ability to develop trust in the stability of long-term relationships.
- > The overly-structured living arrangements that many of these youth have experienced while in state custody have limited to a large degree their normal developmental opportunities, stifling their ability to exert independence and take personal initiative and gain confidence in their ability to control their own lives.
- The self-image of these youth has suffered as they live with the label of "damaged" children having come from "abusive" or "dysfunctional" families.
- > The youth often want as soon as they can to get away from the controlling system that has taken them from their families. They long to get back to their biological family to seek that part of their lives that they feel they is missing, their "forever family."
- > There are a number of other factors that could be added to this list.

Because of the above reasons, along with a number of others, our historical attempts to develop a support network for youth transitioning to adult living have only been able to help a limited percentage of the youth to succeed. Building additional supports can help even more to succeed, but may still miss the mark for many. As I see it, the main reason youth have succeeded has been the development of a belief in themselves that they can be successful. They have been those youth who have been lucky enough to have adults or older youth mentors in their lives who have helped them work through their losses and gain a vision and belief in themselves of their potential success. These mentors have then remained available to continue to help the individuals achieve that vision. These mentors have been previous foster youth, foster parents, workers, volunteers, and others.

Therefore, as we focus on helping youth access health, mental health, education, housing, employment, and the other wide variety of services we are attempting to network in their behalf, we will do well to spend as much time and energy addressing how we will help a youth to gain the confidence and personal vision to navigate that complex system.

In their Program "First Things First," Steven Covey and Roger and Rebecca Merrill address the principles of personal motivation and life direction we are discussing here. They examine how we as individuals can begin to develop a vision for ourselves in life that goes beyond our daily need for survival and meeting immediate needs. They help us develop the ability to gain a broader perspective of life and establish long-term goals. This is a critical element of work with these youth that must be in place if we are going to help them to be successful adults.

I'd like to summarize a few of these points, so we as a group can be sure each of our committees is assessing these factors in our groups. We should be asking ourselves, "How will a youth connect to and navigate this system? How will we assure she not only understands the system and how to access it, but how will she obtain and maintain the personal vision and motivation to be able to use this in her own personal life?"

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The Four Human Needs and Capacities

The authors point out that the four basic needs include:

- To Live (physical).
- > To Love (social/emotional).
- > To Learn (mental).
- To Leave a Legacy (spiritual).

To Live includes the ability to take care of one's self physically, including self help skills, economic stability and fairness, and security while living within society.

To Love includes success in social/emotional areas of relationships and learning respect, kindness, and charity in living with others.

To Learn includes the ability to use talents, mental capacity, and creativity in growing and contributing to others.

To Leave a Legacy includes the area of purpose, vision, and direction for one's life.

The authors point out that this potential for achieving the above areas are achieved by using our unique human endowments, which include the following:

- > Self-Awareness.
- Creative Imagination.
- > Conscience.
- > Independent Will.

These human endowments allow us to impact our lives and direct them in a positive way, rather than just react to situations that impact us. This allows us to be pro-active in directing and controlling our lives rather than re-active in allowing circumstances to control us.

We can help the youth assess and address these endowments in their own lives by helping them ask the following questions:

Self-Awareness

- > Do I know what I am thinking and feeling inside, and can I understand before I act?
- > Do I know how my experiences in life have caused me to think and feel the way I do?
- ➤ How have these experiences shaped my attitudes towards life?
- ➤ How have my attitudes shaped my experiences with others?
- > Can I develop more positive thoughts and feelings and a better attitude about my life?
- Can I learn from others I trust and value their feedback in improving my knowledge about myself and improving my attitudes towards life?
- Can I look forward with hope, rather than backward with regret?
- ➤ If I am fearful about life and my future, can I gain more courage and confidence in my ability to achieve success?
- > Do I believe I am an important person and deserve to have a happy, successful life?

Creative Imagination

- > Am I able to think ahead?
- Can I envision my life as a successful adult five years from now, where I will be, with whom I will be sharing my life, and what I will be doing?
- Can I use that vision to set goals for my life?
- Can I use those goals to guide my actions today?
- Am I able to think of creative ways to solve my problems?

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- > Can I use other people to help me think of creative ways to solve problems?
- > Can I use other positive role models to help me become a successful, happy adult?

Conscience

- > Do I listen to and follow my inner promptings that I should or should not do something?
- > Do I value and respect others and myself?
- ➤ Do I have an established set of society's accepted values that I follow to help me guide my life, such as honesty, trustworthiness, and integrity?
- > Do I have my own internal values that help me to be honest with myself and the courage to do what I know is right?
- > Do I internalize new values from those I admire and respect?

Independent Will

- Do I make and keep promises to others and myself?
- > Do I act out of courage rather than out of fear?
- > Can I set and achieve meaningful goals that will help me to be successful?
- > Can I follow up on commitments I have made to others and myself?
- ➤ Have I determined what will really makes me happy in life and made a plan to do those things?
- Can I use my strengths and abilities in positive ways, and overcome my negative, self-defeating moods and thoughts?

By helping the youth to develop their internal strengths and confidence we will then be able to help them achieve the goals we set with them in their child and family team meetings. The education, training, housing, and other goals will be more achievable as their personal vision, self-esteem, confidence, and resolve increase.

As we have been taught from Celeste Edmonds and Barbara Feaster, former foster youth, we cannot guarantee any youth a stable adulthood with permanent lasting relationships. In fact, none of us can guarantee that for ourselves. What we can help them achieve is resiliency to have the strength and capability to face and grow from the challenges they will encounter in their daily lives.

Cultural Responsiveness

Medicine Man: Cleansing Mind, Soul; Spiritual Ritual Cleanses Mind And Soul Written By Samantha Xanthos; Contributed by Savania Tsosie, Indian Child Welfare Program Manager A medicine man can sometimes be better than finding a shrink.

"You stand out like a sore thumb," my friend Manuelito tells me as we walk into a little restaurant.

"I know," I say as I look around me.

I am a short, white, blonde-haired thumb in more than a handful of Native Americans in Gallup. The small town in New Mexico borders Arizona and a large reservation. Most of Gallup's citizens are Native Americans, like Manuelito (who does not want his first name used for religious reasons). They have come from the reservation, but they haven't left its traditions completely behind.

Soon, we are on our way to the "Rez," as Manuelito calls it. Manuelito lives in the Phoenix Valley, but he has come here with some problems that he wants a medicine man to look into. His mother is with us. She has come with a few of her own problems-worries about her family.

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The reservation is stretched out. We have at least an hour and a half before we reach our destination. The landscape is flat and sandy with little to no vegetation. There are small mountains that dot the view.

Manaltio and his mother start to talk, half in English, half in Navajo, and I am wondering what I am getting myself into. The closest I have ever gotten to a medicine man is watching Dances with Wolves.

We arrive at a small trailer-like house that looks as if it got swept up like Dorothy's farm and put down in the middle of nowhere. In front of the house is a small octagon building, a hogan. Minutes later, an old man in black pants, a large, red shirt and gray hair pulled into a ponytail comes out from the building.

Manuelito addresses the man as Grandpa, even though they are not related by blood. He directs us into the hogan.

Inside, the walls are decorated with pictures of his grandchildren and their awards-images of the man's past and his future.

There is no floor inside, just worn down dirt. I am told to walk clockwise around the stove in the middle of the room. This is to represent the circle of life; one side is youth, the other old age. We stop in the middle.

The medicine man comes in and takes charcoal out of the stove, places it in a pile close to us and puts a stick in it. We sit on the ground on cushions that could have come off a couch, and the man sets his instruments out: a feather, a crystal and a crystal glass.

We're instructed to drink water out of a ladle; it is a sign of friendship, he says.

Now it is time to get down to why we came.

In my religion, we don't believe in using tobacco. I realize what a different world I was in as I watch Manuelito roll a very large cigarette, he lights it and hands it to his "Grandpa." As he smokes, Manuelito explains his situation. The medicine man is able to do something men have been trying to master for years; he just listens.

Next, Manuelito's mother explains her situation in Navajo. Then he turns to me. He calls me granddaughter- his Anglo-granddaughter- and says when we are in here he doesn't see any difference between the two of us. We are all his family.

I haven't had a Grandpa for almost six years now and it was nice to have one again, even for just a little while.

He asks me if I have problems for him. A part of me would have loved to unload all of my issues. Maybe I would have if I had been alone. He looks at me with soft eyes. They are sunken into his skin. In his eyes are wisdom and understanding, but most of all, there are love and acceptance.

He puts cedar on the fire, gets out a feather instrument and blesses each one of us. Then he says some prayers in Navajo and starts to explain to Manuelito unseen reasons for some of the problems in Manuelito's life, telling him to take things one day at a time and to look at the good things in his life. He says this ceremony will start to put things right.

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Hours after we went in to the hogan, the ritual is over, and we step out into the cold, refreshing air to say goodbye to Grandpa.

"People come here from all over," he says. Some come from Virginia, Florida and even Canada.

"I don't know how they find about me," he says, "but they do."

As we leave, the medicine man tells me that after I come here, I am always one of his clan. No matter what I look like or where I go, I am still family. That means I still have a Grandpa after all.

Partnership

Annual Resource Parent Appreciation Dinner

By Angela Khairallah, Permanency Program Manager

On the evening of May 17th, our 5th Annual Resource Parent Appreciation Dinner was held in conjunction with Child Welfare Institute at the Ogden Eccles Center. This annual appreciation dinner is a tradition that originally began several years ago by the Warshaw Family and continues to be possible every year due to a generous contribution through the Warshaw Family Trust Fund. The Utah Foster Care Foundation, Utah Foster Adoptive Family Association, uFOSTERSuccess, The Christmas Box House International, and Child and Family Services all collaborate annually to host this special event.

This year's theme was "Celebrating Cultural Diversity...Keeping Children Connected to their Past, Present, and Future!" The theme this year helps us realize that a child's culture is more than just the color of their skin or what country their family originates from. It's about discovering such things as what is the child's religion, what are their favorite foods, and whether or not they have a disability, just to name a few. It also was emphasized as to how you can keep a child connected to their culture: past, present, and future.

The appreciation dinner started off by a warm "Welcome" by Child and Family Services Deputy Director Patti Van Wagoner. Heidi Edwards with uFOSTERsuccess was the MC for the evening. The guest speakers this year consisted of a panel of speakers who addressed ways in which resource families can keep foster children connected to their cultural heritage. Deborah Daniels, a professor from University of Utah and expert in the field of cultural connectedness, was the panel facilitator. The "Diversity Panel" members included Julie Moreno, a resource parent, Jo Overton, a previous resource parent, and Eva Sexton, a resource parent. The evening continued with a delicious southwestern-style dinner. Resource families continued to dance the night away to local Hispanic/Latino band "La Fusion". Dallis Pierson, Director of the Utah Foster Care Foundation, provided the closing remarks to this spectacular event.

Thank you to all of you who supported this year's resource parent appreciation dinner. We are looking forward to having another successful event next year.

An excerpt from a poem that Heidi Edwards, Foster Alumni with uFOSTERsuccess wrote, which was given to everyone who attended the appreciation dinner:

Unexpressed Gratitude...

"My future, unknown and vast, is better than my present and Brighter than my past because it has been infused with the Kindness of countless strangers, who welcomed me as their own."

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Organizational Competence

<u>July 1st</u>: What You Are Doing And Documenting On Your SCF Cases Counts For the Next Case Process Review!

By Aude Bermond-Hamlet, Office of Services Review

Starting July 1st, everything done on foster care cases can have an impact on the results of the next Case Process Review (CPR): the review period for the next CPR is July 1 to December 31, 2004. Home-based cases and CPS cases are reviewed for the period of September 1st to November 30th (we'll send a reminder).

Why should you care? The Federal judge will base her decision to end or continue court oversight based on the next CPR results. What you do now is important: your cases could be selected for the CPR! Here are five things you can remember to do and document (more tips and hints will follow in future newsletters):

- Child and Family Plans: They are due 45 days from the child's removal (custody date, see court documents) and then every six months. Remember that the plan needs to have a current Functional Assessment done, as well as a Transitional Independent Living Plan if the child is 16 or older. Only then is it considered complete. Best is to try to set up a family team meeting in the first couple of weeks of removal in order to have enough time to complete the plan. Also, remember to click that "Finalize" button on SAFE: only then is the plan considered completed.
- Make sure to document that you involved the following team members in the development of the plan (if applicable):
 - > The natural parent(s)/guardian (both, unless there are clearly documented reasons);
 - ➤ The stepparent, if appropriate;
 - > The foster parent(s)/out-of-home caregiver(s);
 - ➤ A mental health representative;
 - > An education representative;
 - ➤ A law enforcement (probation) representative;
 - > The child (age 5 and older).
- ➤ If someone cannot attend the child and family team meeting, make sure to obtain their input and document that. Input must be obtained within 45 days for initial plans and 30 days for updated plans from the finalization date, in order for it to count.
- Remember to document that you <u>talked to the out-of-home caregiver before placing a child with them</u> about the child's safety and welfare. If this is done by the family resource consultant, then make sure to document that too. This could include medical, educational, mental health, social, behavioral, emotional needs, permanency goals, and family visitation plans.
- Private conversations: Make sure you document your private conversations with each child in foster care (this means alone without anyone present) at least once per month. Also important is to remember to document that you talked to the out-of-home care provider **about the well-being of the child** every month.
- > <u>Visitation with parents and siblings</u>: Unless parental rights have been terminated or there are documented clinical contraindications to visits, the Office of Services Review will look for evidence that children were provided weekly visitation. This should be outlined in the plan (where, when, who, transportation, etc.); document that this has been discussed with them. If the visitation plan is not weekly, specify the reasons.

If you have any questions, call the Office of Services Review at (801) 538-4277, or email us at bmcgarry@utah.gov.

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Northern Regions Extends Internal Mentoring Collaboration

By Reba Nissen, Mentor Program Coordinator

Northern Region has started the *innovative practice* of having the region training team meet regularly with the supervisors who are currently supervising new employees. This partnership benefits everyone: The new employee has a team of support from their supervisor, their unit, and their trainers to become a skilled worker. The trainers have valuable assessment information about the new employee regarding their field performance. Trainers use the information to focus their training and mentoring efforts on these assessed needs. Supervisors have valuable assessment information about the new employee's strengths and needs for mentoring and support. Supervisors use this information to begin assigning cases that match worker strengths and to pair the new worker with experienced team members and mentors that will meet their development needs.

Professional Competence

Marlene Goodrich, Training Team Office Specialist

By Midge Delavan, Training Coordinator

Thanks to Marlene Goodrich on the training team for her longtime work with Child and Family Services and partners in providing registration and materials for the Domestic Violence Basic Training. Great job, Marlene!

<u>Aubrey Myers, Adoption Worker In Northern Region, Changes Family's Quality Of Life</u> By Midge Delavan, Training Coordinator

A grateful adoptive parent says that Aubrey Myers "changed the quality of our life." Aubrey found respite for a special needs child through day care and a geneticist who diagnosed the child's medical condition. Thanks for thinking outside of the box, Aubrey!

Mary Wilder, Community Services Manager In Salt Lake Valley Region, Asks Questions By Midge Delavan, Training Coordinator

Mary Wilder is quizzing caseworkers on the Practice Model. Do you know what PDPCPOP and ETAPI stand for?